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	10/5/20105	Author con
Application Number Confirmation No.: Filing Date: Document Submission Da	10/563,187 5857 30 December 2005	Art Unit: 3621 Examiner: Le, Nancy Loan T. Inventor: de Janasz, Chrisopher G.
Docket: 1043-00		Pages: 57
24 Oct 2006	Eden Brown	Eden Boun
Date	Name of Certifier	Signature of Certifier

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PTC/SB/17 (12-04)
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Under the Paperwork Reduction Act of 1995, no persons are required to associate a collection of information unless it displays a valid OMB control number Effective on 12/09/2004. Complete if Known Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818) 10/563,187 BEGEIVED Application Number **30 December 2005** CENTRAL FAX CENTER Filing Date For FY 2005 de Janasz, Chrisopher G. First Named inventor OCT 2 4 2006 Le, Nancy Loan T. Examinar Name Applicant claims small entity status. See 37 CFR 1.27 Art Unit 3621 60.00 TOTAL AMOUNT OF PAYMENT 1043-005 Attorney Docket No. METHOD OF PAYMENT (check all that apply) Check Credit Card Other (please identify). Michael N. Haynes Deposit Account Deposit Account Number: 50-2504. Deposit Account Name: For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee Charge any additional fee(s) or underpayments of fee(s) Credit any overpayments under 37 CFR 1.16 and 1.17 WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card Information and authorization on PTO-2038. **FEE CALCULATION** 1. BASIC FILING, SEARCH, AND EXAMINATION FEES **FILING FEES** SEARCH FEES **EXAMINATION FEES Small Entity** Small Entity Small Entity **Application Type** Fee (\$) Fees Paid (\$) Fee (8) Fee (8) Fee (\$) Fea (8) Utility 300 150 500 200 250 100 200 Design 100 100 50 130 65 Plant 200 100 160 300 150 20 Reissue 300 150 500 600 250 300 2.00 Provisional 100 0 0 2. EXCESS CLAIM FEES Small Entity Fee Description Fee (\$) 50 Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent 100 Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent 200 180 Multiple dependent claims Total Claims Fee Paid (\$) Multiple Dependent Claims Extra Claims - 20 ar HP = Fee Paid (8) Fee (\$) HP = highest number of total claims paid for, if greater than 20 0 Indep. Claims Extra Claims 0 Fee (\$) Fee Paid (\$) - 3 or HP = HP = highest number of independent claims paid for, if greater than 3 3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). Number of each additional 60 or fraction thereof

U (round up to a whole number) Total Sheets Extra Sheets Fee Paid (\$) (round up to a whole number) 4. OTHER FEE(S) Fees Paid (8) Non-English Specification, \$130 fee (no small entity discount) Ð Other: First Month Extension 60 SUBMITTED BY Registration No. Signature 40.014 Telephone 434-972-9989 (Attorney/Agent) Date 24 Oct 2006 Name (Print/Type) Michael N. Haynes

This collection of information is required by \$7 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gethering, preparing, and submitting the completed application form to the USPTO. Time will very depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Petent and Trademark Office. U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED PORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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